

# 2018 Medical Plan Quick Comparison: Transit ATU 587 Employees

Plan Feature In-network	SmartCare (Kaiser)	KingCare Select (Regence & CVS)	KingCare (Regence & CVS)
<b>Provider Choice</b>	A primary care provider coordinates care through the plan network. You may self-refer to Kaiser of Washington specialists. No coverage for out-of-network care unless approved/referred.	A primary care doctor helps you coordinate your care within your network. Referrals are not required. You save the most by staying in-network, but you can go out-of-network for a higher cost.	You may choose any qualified provider, but your out-of-pocket costs are lowest when you use network providers.
<b>Out-of-area Coverage</b>	Covered care is available at out-of-area Kaiser Permanente facilities—call Member Services to set up access. If outside the Kaiser area, urgent and emergency care is covered at any provider.	When seeking care outside your AHN network, covered services are reimbursed at the <a href="#">out-of-network benefit level</a> , which is significantly lower. Emergency care is covered the same anywhere.	Same coverage as when home, through Regence and CVS Caremark® national provider networks.
<b>Benefit Access Fee</b>	\$75	\$75	\$150 per month
<b>Deductible<sup>1</sup></b>	Single \$0 Family \$0	Single \$250 Family \$750 ➤ <b>\$125 will be waived in 2018</b>	Single \$350 Family \$1,050
<b>Out-of-Pocket Limit<sup>2</sup></b>	Single \$1,000 Family \$2,000	Single \$1,250 Family \$2,750	Single \$1,350 Family \$3,050
<b>Prescription Out-of-Pocket Limit</b>	Single & Family \$0 Copays apply to out of pocket maximum	Single \$1,500 Family \$3,000	Single \$1,500 Family \$3,000
<b>Your <i>in-network</i> cost after deductible<sup>3</sup></b>			
<b>Emergency Room</b>	\$100 copay	10% after \$200 copay	15% after \$175 copay
<b>Hospital Care</b> inpatient	\$200 copay	10%	15%
<b>Labs, X-ray, Tests</b>	0%	10%	15%
<b>Mental Health</b>	Outpatient: \$20 copay Inpatient: \$200 copay	Outpatient therapy services: \$20 copay Outpt non-therapy services & inpt services: 10%	15%
<b>Office Visits</b>	\$20 copay	\$25 (no deductible)	15%
<b>Prescription drugs</b> (retail 30-day supply)	Generic: \$10 copay Preferred brand: \$20 copay Non-preferred brand: \$30 copay	Generic: \$5 copay Preferred brand: \$25 copay Non-preferred brand: \$75 copay	Generic: \$8 copay Preferred brand: \$33 copay Non-preferred brand: \$67 copay
<b>Urgent Care</b>	\$20 copay	10%	15%

10022017 **DISCLAIMER:** This chart should be used as a general guide only. For specific plan details, go to [kingcounty.gov/employees/benefits](http://kingcounty.gov/employees/benefits) and refer to the Summary Plan Description, the governing document.

1. Deductible: The amount you pay per year before the plan begins to pay.

2. Out-of-pocket limit: The most you could pay per year for your share of the costs of covered services, including the deductible, copays, and coinsurance.

3. All services must be medically necessary. See plan guide for details, limits, restrictions, and preauthorization requirements.

Benefits, Payroll & Retirement Operations 206-684-1556 [KC.Benefits@KingCounty.gov](mailto:KC.Benefits@KingCounty.gov)

